

Medication Release Form

In an attempt to better serve the Student-Athletes at Brookstone School, we will have several over-the-counter oral medications available in the Athletic Training Room. Please review the medications listed below and initial next to each one the Student-Athlete may receive.

Student Name _____

Allergies _____

- _____ Acetaminophen 500mg – 1 tablet per package
 - _____ Ibuprofen 200mg – 2 tablets per package
 - _____ Mediproxen 220mg – 1 tablet per package
 - _____ Benadryl Allergy Ultratabs 25mg – 1 tablet per package
 - _____ Diamode 2mg – 1 tablet per package (equivalent to Immodium)
 - _____ Diotame 262mg – 2 tablets per package (equivalent to Pepto Bismol)
 - _____ Medi-Lyte Electrolytes – 2 tablets per package
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PARENTAL CONSENT AND WAIVER

I hereby give my permission for my child _____ (please print) in the _____ grade at Brookstone School to take the above-initialed over-the-counter medications from the Athletic Training Room.

WAIVER OF LIABILITY

I hereby give consent for a Certified Athletic Trainer, Certified Nurse Practitioner, Certified Physician Assistant, or Physician contracted by the School to provide the above-named Student-Athlete with only the medications initialed above. I hereby waive any and all claims against the school or Practice Personnel and agree to hold the school and Practice Personnel harmless from any and all liability which may arise in connection with my child's use of the medication.

Parent or Guardian's Signature _____ Date _____